

Office of Public Carrier
 Delaware Transit Corporation
 119 Lower Beech Street STE 100
 Ph: 1.800.652.3278 Prompt 7 • Fax: (302) 577.1042

Print or Type Only

TAXI METER CALIBRATION TESTING FORM

Taxicab Company Name:	
Vehicle Identification No:	
Vehicle Registration No:	
DeIDOT No:	
Medallion No:	
Taximeter Serial No:	
Wheel/Tire Diameter	
Seconds:	
Hour / Minutes:	
Day of Week:	
Month:	
Year:	
Car Number:	
Drop Charge:	
Rate 1:	
1/10th Revs:	
Rate 2:	
1/10th Revs:	
Waiting Time per Hour:	
Additional Passengers:	
Additional Baggage:	
Any Extras:	
(please explain)	
Sealed to cradle:	<input type="checkbox"/> Yes <input type="checkbox"/> No

INSPECTION COMPANY

Company Name:	
Company Address:	
Phone Number:	
Date of calibration:	
Inspector Name:	
Inspector Signature:	

Please attach copy of the rate schedule used for calibration which is on file with DeIDOT